

## CAUSE TITLE

Before the Managing Director C.O. E.C.H.S. New Delhi.

20<sup>th</sup> June 2025  
Ref. No. CPT/AC5A/COECHS/1(30)

### Complaint

Title:

*Central Drug List is disinformation to reduce liability & a loophole to serve a few*

Subject Matter:

West Bengal Govt. & private offices are gas chambers, people smoke in front of hospitals, & a few non-medical staff smoke within the premises of SSKM Hospital W.B. Govt.; no matter how large, graphical warnings on the packets of bidis & cigarettes are no deterrent to smokers. ECHS Polyclinic Salt Lake spends undisclosed amounts on TVs and entertainment but plays no warning messages to protect non-smokers from the 2nd hand smoke. Business tycoons & politicians own bidis & cigarettes industries, generate jobs for masses & votes for political parties; I was attacked by 8 to 9 private officials at BBD Bag for protesting against smoking, so the general Govt. does not risk getting thrown out of power to categories it like cocaine but sees it as big source of revenue. To lessen discomfort & continue smoking, eventually smokers guttle Govt. medicines of amount greater than the revenue they pay; thus, Govt. cuts back expenditure on high dose medicines like Seroflo 250 & consumables like spacer & nebulizer mask, which smokers need at their end stage. Smokers deprive others from the right to breath & the limited medical resources that the Govt. has. Smokers are humans & do good to society, no, not anymore; but their dependents do, & relation cannot be counted like deaths in Covid-19 bulletin. So for sake of my mother, it is requested that NA be sanctioned to my father for Seroflo 250 & nebulizer mask & permission be granted for submission of returned reimbursement claim for the reason that prescribed Seroflo 250 is not included in ECHS's CDL.

**Anirban Chakraborty**

S/o Nk Gopal Chakraborty (Ex-Army)

Army, XXXXXXXXXXXXXXXXX

E.C.H.S. Card No.: XXXXXXXXXXXXXXXXX

Polyclinic: Salt Lake, Regional Centre: Kolkata, West Bengal

2 No. Motilal Colony, P.O.: Rajbari Colony, Calcutta  
700081, (North) 24 Parganas, West Bengal,  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXX (Registered with PGPORTAL)

... The Authorised Representative & Complainant

Versus

**The Union of India**

**Through the Managing Director**

Central Organisation E.C.H.S., Adjutant General's Branch, Govt. of India,  
Integrated HQ of MoD Army, XXXXXXXXXXXXXXXXXXXXXXXXX

... The Respondent



Oligarchy of India

मेरा भारत महान, सौ में से निन्यानवे बेर्इमान

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Save the RTI Act and the RTI  
Investigators from human  
rights violation.

**Complaint u/s 7 of**  
**the ECHS Central Drug List**  
**Letter No. B/49769/AG/ECHS**  
**dated 31<sup>st</sup> July 2024.**

To,

The Managing Director (E.C.H.S.)

Central Organisation, Bapuji Care Health Scheme  
Adjutant General's Branch,  
Integrated HQ of Mod (Army),  
Government of India

Subject:

Ref. No CPT/AC5A/COECHS/1(30)  
Calcutta the 20th June 2025

With requisition that NA be sanctioned for henceforth issuance or purchase of  
Seroflo 250 inhaler PVMS No. 12415 (not Rotacap) and nebulizer mask,  
permission be granted for submission of my father's reimbursement claim  
returned by the OIC PC Salt Lake on 27<sup>th</sup> May 2025, and that

"6. ... The ECDL – 2024 is intended for medicine reimbursement from ECHS Polyclinics..."  
be repealed for being illegal and outrageous.

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Respected Soldier,

**Requisition:** Considering that my father is a patient of COPD, Emphysema, LLL lung lesion turned into fibrosis, and other comorbidities, with the following requests that please:

- 1) without forcing my father to strike off the inhaler Seroflo 250 from the reimbursement claim that has been returned by the OIC PC Salt Lake on 27th May 2025, permission be granted to my father to submit reimbursement claim papers together with copies of the prescription dated 4th April 2025 of the sanctioned pulmonologist and the prior sanction letter dated 2nd April 2025 in support of the inhaler Seroflo 250;
- 2) delay in submission of the reimbursement claim papers be condoned, u/s 3 of ECO's Letter being no. B/49778/AG/ECHS/Claims/Advisory dated 17th April 2023, for having no fault on the part my father;

- 3) NA be sanctioned for my father for henceforth issuance or reimbursement of the cost of the inhaler Seroflo 250, which is taken with the delivery device namely Spacer;
- 4) at the serial number 1847 of the Central Drug List 2024, correction may be made by deletion of "Rotacap" and by inclusion INHALER SALMETEROL 50MCG + FLUTICASONE PROPIONATE 250MCG MDI (SEROFLOW 250);
- 5) delivery device namely Spacer for taking inhalers be included in the Central Drug List;
- 6) NA be sanctioned for my father for henceforth issuance or reimbursement of the cost of nebulizer mask kit (adult size), as air delivery pipe is not washable and gets dirty in a month of use;
- 7) the illegal notion that ECHS's Central Drug List is intended for medicine reimbursement, be repealed;

I being the patient party hereby do pleading on behalf of my father:

#### **Cause of action**

My father has had fracture of the left shoulder on 21<sup>st</sup> February 2025; to give maximum rest to my father I have gone to the PC on behalf of my father. I did mistake by forgetting to inform the Medical Officer that the sanctioned pulmonologist has prescribed Seroflo 250 (taken with Spacer) vide the prescription dated 4<sup>th</sup> April 2025; consequently, in the ECHS's computer prescription dated 26<sup>th</sup> April 2025, Seroflo 125 remained as NA. My father exhausted it, needs it everyday, and receiving LP medicines takes some days; thus, I requested the dispensary personnel not to do LP and allow my father to purchase it and claim reimbursement.

On 27th May 2025, the OIC PC Salt Lake directed to submit my father's reimbursement claim papers only after striking off the inhaler Seroflo 250 because Seroflo 125 is in my father's ECHS computer prescription dated 26th April 2025, which amounts to asking my father to return to pharmacy the lifesaving drug without which my father would not survive<sup>1</sup>.

I requested the Director Regional Centre Kolkata to allow submission of the returned reimbursement claim papers because delivery of the right treatment to my father is far more important than ECHS's paperwork<sup>2</sup>. The Director, however, could not help only because Seroflo 250 is not in the Central Drug List<sup>3</sup>. **Further, the Director did not advised to entertain the provision for sanctioning NA by the Managing Director CO ECHS, u/s 7 of CDL 2024 and u/s 3(d) and 4(b) of CDL 2023, but advised to revisit the pulmonologist for dose modification in compliance with the Central Drug List, which is ultra vires.**

1 Email dated 29<sup>th</sup> May 2025 to OIC PC Salt Lake.

2 Email dated 31<sup>st</sup> May 2025 to Director RC Kolkata.

3 Reply email dated 5<sup>th</sup> June 2025 received.

### **Contentions**

For my father, I have purchased neither a different medicine nor in excess than prescribed by the sanctioned pulmonologist. I did no mistake while purchasing the correct medicine and in preparing the reimbursement claim papers. Simply said, there is nothing in records to show ill motive on my part in purchasing one piece of Seroflo 250 for my father.

The Central Drug List 2024 has been made to avoid redundancy of medicines having the same composition and form:

Section 4 of CDL 2023 > *The aim is to ensure that the essential<sup>4</sup> drugs are included while eliminating redundancy and non-critical options.*

The medicine namely "SALMETEROL (50MCG) + FLUTICASONE PROPIONATE (250MCG)" is, however, repeatedly listed at the following serial numbers in the CDL 2024:

- **1817** having type "Rotacap" and "DELIVERY SYSTEM FOR SALMETEROL + FLUTICASONE ROTACAPS WITH PIN PUNCTURE" (at s.no. 508) and
- **1847** having wrongly written type "Rotacap" causing exclusion of "Seroflo 250" inhaler that is to be taken with the delivery device namely Spacer.

### **Counterblast**

Medicines excluded from the Central Drug List are granted licence by the Central Government to facilitate recovery of money from the citizens that is spent by the pharmaceutical industries in giving electoral bonds to the political parties.

To cap the expenditure on the ECHS, the old generation cheap medicines, like Vitamin D3 powder sachet, are included in the Central Drug List; whereas, to increase GDP and GST, the next generation costly medicines, like Vitamin D3 liquid capsule and Vitamin D3 nano droplets, are excluded from the Central Drug List allowing not government doctors but private doctors to prescribe the next generation costly medicines. Out of 4500 drugs, 2220 drugs have been excluded from the Central Drug List as on date.

Privilege may be granted, often delayed, only to the learned patients-applicants for getting critical non-CDL medicines; however, those medicines continue to remain excluded from the Central Drug List for an indefinite period of time, thereby adversely affecting the aged, helpless, and ignorant patients:

*7. Any medicine which is critical for patient and not available in ECDL-2024, NA will be sanctioned by Central Org after recommendation through SEMO. The medicine will be added to the ECDL-2024 after approval of MD ECHS<sup>5</sup>.*

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4 Essential medicines are those that satisfy the priority healthcare needs of majority of the population. The essential medicines list needs to be country specific addressing the disease burden of the nation, emerging, and reemerging infections and the commonly used medicines at primary, secondary and tertiary healthcare levels. - National List of Essential Medicines of India 2011.

5 CO ECHS Letter being no. B/49769/AG/ECHS dated 31<sup>st</sup> July 2024.

It costs tears of the patients to show to the Government that its senior medical fraternity is wrong about the exclusions:

4(b) Purchase of any drug not in the list will invariably require the concurrence of MD ECHS, if the OIC PC and MOs and SEMO concerned opine so unanimously.<sup>6</sup>

No empanelled hospital ever risks losing validity of its Memorandum of Agreement with the Government for prescribing to the ECHS's patients new, advanced, and patented drugs:

3(d) All the empanelled hospitals will have to be informed that the medicines should be prescribed from this list. If any new drug is required to be added to the list, a detailed essentiality certificate should be forwarded and will follow a due process before inclusion.<sup>7</sup>

#### 18. MONITORING AND MEDICAL AUDIT

CGHS reserves the right to inspect the health care Organization at any time to ascertain their compliance with the requirements of CGHS. **Bills of empanelled health care Organizations shall be reviewed periodically for irregularities including** declaration of planned procedures / admissions as 'emergencies', **unjustified** investigations/**treatment**, overcharging and prolonged stay, etc., and if any empanelled health Care Organization is found involved in any wrong doings, then the concerned hospitals/other health care Organizations would be suspended/ removed from CGHS panel and would be black listed for specified period for future empanelment with CGHS. Bank guarantee shall also be forfeited.<sup>8</sup>

In city hospitals, Government doctors practice not with costly advanced medicines but with cheap age-old medicines because they have to provide service in rural areas, too - poverty makes good doctors. Where no non-CDL drug is allowed to be prescribed by the Government doctors, they have no experience of the new drugs at all:

4(c) (i) The SEMOs will strictly adhere to the policy of procuring medicines only from the CDL ...<sup>9</sup>

In the ECHS, therefore, there exists neither records<sup>10</sup> nor transparency in taking administrative decision of adding or not adding CDSCO's approved new drugs in the Central Drug List:

6(b) Any drug which is new to the market can be added after permission from the specialist from the speciality.<sup>11</sup>

Hence, under Section 4(1) (d) of the Right to Information Act the affected patients get not excerpts from the documented reasons but illegal opinions of the ECHS's CPIO or Director Medical on

6 CO ECHS Letter being no. B/49769/AG/ECHS dated 19<sup>th</sup> Oct 2023.

7 CO ECHS Letter being no. B/49769/AG/ECHS dated 19<sup>th</sup> Oct 2023.

8 CGHS OM dated 16<sup>th</sup> Sep 2022, MOA-2022.

9 CO ECHS Letter being no. B/49769/AG/ECHS dated 19<sup>th</sup> Oct 2023.

10 The ECHS does not maintain individual records; accordingly, it will invoke Section 2(f) of the RTI Act, stating that the requested information is not available in a compiled form.

11 CO ECHS Letter being no. B/49769/AG/ECHS dated 19<sup>th</sup> Oct 2023.

why the administration has decided to keep a specific medicine excluded from the Central Drug List.

People run government; when the people stop asking sceptical questions to the government, which makes laws; then, the government run the people.

**I.** Is not it stupidity to keep the ECHS's patients away from the medicines available in the open market only because making arrangements for the non-CDL medicines with the limited infrastructure of the ECHS is practically difficult?

**II.** When there is NA and the patients will spend their fortunes to buy medicines from the open market and proceed to claim reimbursements, is not it absolutely unethical for the ECHS's Medical Officers to prescribe not non-CDL advanced medicines<sup>12</sup> but CDL age-old medicines?

**III.** Central Drug List is the bare minimum that the ECHS is committed to provide to its patients, and every reimbursement claim is a measure of its failure "6. ... The ECDL - 2024 is intended for medicine reimbursement from ECHS Polyclinics ..."<sup>13</sup>. If the ECHS is allowed to control the external agencies like empanelled hospitals to limit exposure of its failure (supra); then, where its patients would go to obtain the second medical opinion<sup>14 15</sup> for better treatment options?

Managing Director, if these questions dumbfounded the Central Government; then, you may ask Station Commanders and General Officers Commanding to double the security measures to make up the harm your silence does to the patients:

*4(g) (v) Ensure that all Station Commanders and General Officers Commanding are aware of the policy shift and the importance of maintaining the safety and security of PC staff. Implement security measures if necessary.<sup>16</sup>*

Thanks.

Hopefully, &c.,

Place: Dum Dum, Calcutta.

(Signed)

Enclosures:

ANIRBAN CHAKRABORTY  
The complainant, patient-  
party, and authorised  
representative.

Pdf documents as attached.

12 Including combination of drugs excluded from the Central Drug List, which might be necessary to the aged patients having difficulty in remembering their medicines.

13 CO ECHS Letter being no. B/49769/AG/ECHS dated 31<sup>st</sup> July 2024.

14 The second medical opinion is not getting opinion on treatment from 2, 3, or more different doctors of a speciality, rather the second medical opinion is the pursuit of happiness by providing the best available treatment to the dependents, satisfaction by getting better treatment for self, and freedom from all restrictions imposed by the ECHS; for example "Do exercise your option of being referred to Service Hospital/Empanelled facility of your choice, **but only when referrals are advised by the Polyclinic**".

15 Right to second medical opinion: DGHS's ADDG(AK) Dr. Anil Kumar's reply being no. FTS-8227200 File No-Z.28016/32/2023-SAS-II(NCS) dated 28<sup>th</sup> June 2023. NHRC's US Sanjay Kumar's reply being no. F.No. 28/8/2022-PRP&P dated 13<sup>th</sup> Sep 2023.

16 CO ECHS Letter being no. B/49769/AG/ECHS dated 19<sup>th</sup> Oct 2023.

## AFFIDAVIT

I Anirban Chakraborty S/o Nk Gopal Chakraborty (Ex-Army) aged about 37 years being an Indian citizen and in the capacity of being the offspring, authorised representative, and the patient-party of the E.C.H.S. beneficiary; do hereby solemnly affirm that the statements made in this complaint are true to my knowledge and information received and the rest are my humble submissions.

ANIRBAN CHAKRABORTY

Signature in ink is not required, as filed in PGPORTAL after due authentication.



C% B ORIGINAL

**Clarification:** Herein again I repeat what I have written in many correspondences with the Central Government:

*In West Bengal, Bapuji Cake costs Rs. 7 and Monginis cake costs above Rs. 300. You know the standard of government service is reasonable, neither the best nor the worst, just because no person in this country, rich or poor, should die without ever having the taste of cake - at least of Bapuji cake. This explains why Swasthyasathi card holders (W.B. Govt.) and E.C.H.S. and C.G.H.S. card holders (Central Govt.) are sometimes refused services<sup>17</sup> by costly hospitals (with exception BM Birla). C.G.H.S. and E.C.H.S. are here to assure the beneficiaries that they will live in their sunset years with dignity and independently; but sadly, compromise is the best advocate, as no patient is supposed to get ambulanced to an advocate's chamber instead of a doctor's clinic.*

I would rather say Bapuji Cake Health Scheme than saying Central Government Health Scheme and Ex-servicemen Contributory Health Scheme. This is not mockery of the C.G.H.S. and the E.C.H.S. on which lives of many beneficiaries and that of my parents are dependent, but criticism of the Govt. with constructive feedback. It is my earnest request to you to keep in mind that herein Bapuji Cake Health Scheme refers to the C.G.H.S. and the E.C.H.S.

**Published** Calcutta High Court Division Bench, APOT 261 of 2024:

*Every member of the public has the right to know the truth and if the truth is in the public interest, a member of the public has every right to expose it. ... But expression of this freedom is subject to certain conditions under the law of defamation. The first is that it should stand the test of justification or truth or must be a fair comment or the maker of the statement must owe a duty to the persons to whom the defamatory statement was published, which is described as qualified privilege. If the maker fails the test he is liable to pay damages in the civil action and may be charged with commission of an offence.*

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17 C.O. E.C.H.S. letter no. B/49770/AG/ECHS/Treat/Policy/2022 dt. 21st July 2023.

**CPGRAMS**

Language :

English ▾

**Welcome :** Anirban Chakraborty**Grievance Status for registration number : DDESW/E/2025/0003641**

## Grievance Concerns To

**Name Of Complainant**

Anirban Chakraborty

**Date of Receipt**

21/06/2025

**Received By Ministry/Department**

Ex Servicemen Welfare

**Grievance Description**

Ex Servicemen Welfare &gt;&gt; Scheme Related &gt;&gt; ECHS Related &gt;&gt; Policy Related &gt;&gt; Misc Issues

Service No. of ESM : XXXXXXXX

Armed Forces where ESM served : Army

Rank Last Held : NK

ECHS Membership No. : XXXXXXXX

Registered Mobile No. : XXXXXXXXXX

Parent Polyclinic : Salt Lake

Respected Managing Director CO ECHS,

Please find the herewith attached complaint dated 20th June 2025, filed under section 7 of CO ECHS Letter dt. 31st July 2024, for urgent need of life saving medicine not included in the CDL.

Supporting documents therewith enclosed are as follows (bookmarks available with the pdf)

20250529 Gmail - To OIC PC Salt Lake - Do recovery.pdf

20250531 Gmail - To Director RC Kolkata - Complaint against OIC.pdf

20250605 Gmail - Reminder To Director RC Kolkata - Complaint against OIC.pdf

Contingent Bill RS.pdf

ECHS Prescription 20250426 RS.pdf

GC ECHS Card 64kb.pdf

Nebuliser Bills Apr 2025 RS.pdf

Nebulizer Mask RS.pdf

Pulmono Prescription 20250404 RS.pdf

Pulmono Sanction Letter 20250402.pdf

Reimbursement Medicine Bill 30 Apr 2025.pdf

Thanks.

With regards,

Anirban Chakraborty

Son of Nk Gopal Chakraborty Retired.

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### **Grievance Document**

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### **Current Status**

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Grievance received

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### **Date of Action**

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21/06/2025

[http://Officer Concerns To@oligarchy\\_of\\_india](http://Officer Concerns To@oligarchy_of_india)

**Forwarded to**

Ex Servicemen Welfare

**Officer Name**

Shri Tirth Ram (Deputy Secretary)

**Organisation name**

Ex Servicemen Welfare

**Contact Address**

XXXXXXXXXXXXXXXXXXXX, New Delhi

**Email Address**

XXXXXXXXXXXXXXXXXXXX

**Contact Number**

XXXXXXX



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